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| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | 10/825,263 (7,004,105 B2) |
| | Filing Date | April 15, 2004 |
| | First Named Inventor | Helmut Bucksch |
| | Title | CONTAINER WITH A DEVICE FOR INDICATING A TOTAL QUANTITY OF FLUID |
| | Art Unit | 2859 |
| | Examiner Name | T. M. Reis |
| | Attorney Docket No. | 20805/0204940-US0 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 07278

OR

☐ Practitioner(s) named below:

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
| | | | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

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OR

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE OF Applicant or Assignee of Record

| | | | |
|-------------------|------------------------------------------------------------------------------------|-----------|----------------|
| Signature |  | Date | Sept. 29, 2004 |
| Name | Helmut Bucksch | Telephone | |
| Title and Company | Inventor | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.